

December 9, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-0386-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

The documentation states that the patient is a 36-year-old Hispanic female who works as a cashier for the \_\_\_. \_\_\_ was pushing some carts on \_\_\_ when the wind blew the cart and caused her to wrench her low back. The patient went to a doctor in \_\_\_ where bedrest and medication were recommended. \_\_\_ was seeing the company doctor and then changed treating doctors to \_\_\_. She was then referred for an MRI on 5/9/02 that displayed a 2mm disc bulge at L5-S1.

\_\_\_ was also referred for EMG studies of the lower extremities that were unremarkable. She has been denied lumbar injections. From the documentation provided, \_\_\_ is 5'1" and weighs 250 pounds.

#### REQUESTED SERVICE

The reviewer is asked to determine the medical necessity of a six-week work hardening program for \_\_\_.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

The reviewer disagrees with the medical necessity of work hardening for this patient. Examination reports from the FCE and orthopedic records display a patient who is 5'1" and approximately 250 pounds. The objective findings with this patient are relatively small. The FCE indicates that \_\_\_\_ has a fairly good range of motion within the lumbar spine. The modified duty that is available from the employer has also been taken into consideration.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

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